

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26139

Registration District No. 106

Primary Registration District No. 106

Registrar's No. 1584

1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Old Folk Home 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME

Dora F. Schulz

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex

Female

5. Color or race

White

6. (a) Single, widowed, married, divorced

Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

April 13- 1866  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

75

3

15

hr. \_\_\_\_\_ min.

9. Birthplace

St. Louis  
(City, town, or country)

Missouri  
(State or foreign country)

10. Usual occupation

Ret.

11. Industry or business

MOTHER FATHER

12. Name

John J. Klepp

13. Birthplace

St. Louis  
(City, town, or country)

Missouri  
(State or foreign country)

14. Maiden name

Elizabeth Klepp

15. Birthplace

St. Louis  
(City, town, or country)

Missouri  
(State or foreign country)

16. (a) Informant

Old Folk Home

(b) Address

711 S. Kirkwood Rd.

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

7-30-41  
(Month) (Day) (Year)

(c) Place: burial or cremation

St. John's

18. (a) Signature of funeral director

St. Louis

(b) Address

Kirkwood, Mo.

19. (a)

JUL 29 1941  
(Date received local registrar)

W. H. Meyer  
(Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 S. Kirkwood  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1941 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 6/26, 1939, to 7/28, 1941  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death

UTEMIA

Duration

7 days

Due to

CHRONIC NEPHRITIS + EDEMA  
+ CHRONIC PYELITIS

1 month  
1 month

Due to

CARDIO-VASCULAR-RENAL  
DISEASE

5-6 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature

Quenter M. Gines (M. D. or other)

Address Kirkwood, Mo. Date signed 7/29/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John M. Meyer*

Licensed Embalmer No.

*3288*

P. O. Address

*Wichwood, Ind*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**